

REMARKS

The Office Action dated February 28, 2005 has been received and carefully studied.

The Examiner requires capitalization of all trademarks and inclusion of generic terminology. By the accompanying amendment, the trademarks have been capitalized and generic terminology added where previously omitted.

The Examiner objects to claim 10 due to an inconsistency which has been corrected by amendment.

The Examiner rejects claims 10 and 11 under 35 U.S.C. §112, first paragraph, as being non-enabling with respect to the general treatment of a patient suffering from various disorders since the objective of the treatment is not specified. The Examiner suggests alternative wording for the claims, which has been adopted..

The Examiner rejects claims 1-10 and 12-14 under 35 U.S.C. §112, second paragraph, as being indefinite for various reasons. The Examiner considers the avoidance of concomitant liability language to be indefinite. By the accompanying amendment, the language objected to has been deleted.

The Examiner also objects to the use of the term "about". Although Applicant respectfully submits that the skilled artisan readily would appreciate the scope of the

claims that recite dosage amounts using the term "about", and that such use of the term is pervasive in pharmaceutical patents, the term has now been deleted to expedite allowance.

The Examiner rejects claims 1-5 and 7-9 under 35 U.S.C. §102(a) as being anticipated by Ulshofer et al., Clin. Drug Invest. 2001:21(8), pp. 563-569. The Examiner states that Ulshofer et al. teach a method of treating urodynamically verified motor urge incontinence by administering trospium chloride, and that the adverse cardiac side effects would inherently be avoided.

By the accompanying amendment, claim 1 has been amended to recite treating the disorders in a patient suffering from or having a propensity for cardiac ventricular arrhythmias. As set forth in the instant specification, such patients include those with pre-existing Long QT Syndrome and those taking medication that cause a risk for cardiac arrhythmias. Ulshofer et al. does not disclose or suggest the methods as now claimed.

The Examiner's indication that claims 6 and 10-14 contain allowable subject matter is noted with appreciation.

The remaining prior art is believed to have been properly not relied upon in rejecting any claim.

New claims have been added to further define the invention.

Reconsideration and allowance are respectfully requested in view of the foregoing.

Respectfully submitted,


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